

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213525219		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CAPITOL COLLEGE</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT M. SOMER 8303 ARLINGTON BLVD STE 102 FAIRFAX, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: F0431637</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 11301 SPRINGFIELD RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: LAUREL, MD 20708</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
NAME: MICHAEL T WOOD TITLE: PRESIDENT ADDRESS: 2806 QUAIL CREEK COURT CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: GABRIEL A BATTISTA TITLE: CHAIRMAN ADDRESS: 10347 CAROL STREET CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JOROME GIBBON TITLE: SECRETARY ADDRESS: 311 PENNSYLVANIA AVENUE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: SUSAN GERBER BERNING TITLE: DIRECTOR ADDRESS: 222 GREEN STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: J. KELLY BROWN TITLE: DIRECTOR ADDRESS: 12700 SPRINGFIELD COURT CITY/ST/ZIP/CO: DUNKIRK, MD 20754	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: FREDERICA DAREMA TITLE: DIRECTOR ADDRESS: 6711 MELODY LANE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME:	JOHN DETTRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7906 FOXHOUND ROAD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	SANDRA ENGLISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	40568 HURLEY LANE		
CITY/ST/ZIP/CO:	PAEONIAN SPRINGS, VA 20129		
NAME:	ANA SOL GUTIERREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3317 TURNER LANE		
CITY/ST/ZIP/CO:	CHEVY CHASE, MD 20815		
NAME:	HADEN LAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4611 DICKENS PRIDE COURT		
CITY/ST/ZIP/CO:	BOWIE, MD 20720		
NAME:	MICHAEL PLASS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5611 SIERRA COURT		
CITY/ST/ZIP/CO:	MT. AIRY, MD 21771		
NAME:	ELIOT SHATZMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	702 KING FARM DRIVE		
CITY/ST/ZIP/CO:	SUITE 500 ROCKVILLE, MD 20850		
NAME:	HAROLD STINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16147 WATERFORD CIRCLE		
CITY/ST/ZIP/CO:	HAMILTON, VA 20158		
NAME:	ALAN S TILLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12505 PARK POTOMAC AVENUE		
CITY/ST/ZIP/CO:	6TH FLOOR POTOMAC, MD 20854		
NAME:	DAVID WARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13609 DAIRY LOU COURT		
CITY/ST/ZIP/CO:	OAK HILL, VA 20171		
NAME:	HARVEY WEISS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9121 TOWN GATE LANE		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL T WOOD	MICHAEL T WOOD, PRESIDENT	5/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.